MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

. DEP	RTM	ENT C	E PU	BLIC HEALTH AND WELFARE	STATE FILE NUMBER
DO NOT WRITE ON THIS STUB		AMEND	ED	Registration District No. Registrat's No. Registrat's No.	
VS 300 Rev. 4/59	AMENDED	1 1		a. COUNTY Reynolds b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stey in 1b c. CITY	sed lived. If institution: Residence before NTY Reynolds admission) Inside Limits
1 40 4 4	AME			TOWN Lesterville 35 years TOWN Lestervill c. FULL NAME OF (If NOT in hospital; give location) Inside Limits: d. STREET ADDRESS (If or ADDRESS)	Yes X No ☐
2 0900	DATE			HOSPITAL OR INSTITUTION general delivery	· · ·
3 2				3. NAME OF DECEASED First Middle Last 4. DATE OF LAURA LUCINDA WALLER DEATH ME	Month Day Year
4 /				5. SEX 6. COLOR OR RACE 7. Married 1 Never Married 1 8. DATE OF BIRTH 9. AGE (last bir	
5 /				female White Widowed 4/7/1894 69 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or or	
6	SW0			at nome Black, Missouri	USA ME OF HUSBAND OR WIFE
7 0	<u> </u>			Sam Sumpter Lydia Smith Fra	ank Waller
0./	AS.			15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of no.) (Yes, no, or unknown) (If yes, give war or dates of no.)	Address Le, Farmington, Mo.
9420.1	ARE		ENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
11	8 0		DOCUMENT	IMMEDIATE CAUSE (a) Coronary Occlusion	
12 90-0	THIS REC		<u> </u> 8	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	6 months.
	S O			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days
	NTS			Hypertension, myocarditis, arthritis of spine	Yes No Unknow
	AMENDMENTS			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of its performed? YES NORTH	nury in PART T OF PART II OF Hem 16.)
V 8	AME			ZOC. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
BLACK INK OR RITER RIBBON				20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 1 home, NOT WHILE AT WORK 1 home, NOT WHILE AT WORK 1	COUNTY STATE
LAC!	EAD			21. I attended the deceased from 12-26-62 to 5-21-63 and last saw the alive	
E B	D			Death occurred at 9.45 Dem on the date stated above, and to the best of	my knowledge, from the causes stated. 22c, DATE SIGNE
USE BLACK OR TYPEWRITER	SHOULD READ		IT OF	22a. SIGNATURE (Degree of litle) 22b. ADDRESS Ironton, Misso	
	S S	+-+-		REMOVAL (Specify)	ville, Missouri
	I EM		BY AFFIDAVIT	burial 5/24/1963 Heasonic Vente very Local REG. 26. HOIST White Funeral Home, Ironton, Mo.	
	-	1 1	"	(Licensed Embelmer's Statement on Reverse Side)	1.00

Ph. Shar - Containsing

STATEMENT BY LICENSED EMBALMER

by			, Student Embalmer No
			rymerbonslody nyboshilbis, ar
rking under n	ny personal super	vision.	· ·
dent	-	•	Signed ancel Twhile
,	Signature of Stude	nt Embalmer	0
		• •	Licensed Embalmer No. 3012
e The part		n'	al con Tuesday Ma
0-75-1	•	FO-13-7	Sd-S-P.O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply , with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

.r. o wel.